

POWER OF ATTORNEY

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PTO/SB/81 (07-08) . Vices 10/20, Approved to use through 2015/200 (10/20) (Vices 10/20) (V

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June 20, 2005

Anders Nykjaci

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		Art Unit	1649			
		Examiner Name	MacFarla	MacFarlane, Stacy Mee		
		Attorney Docket Number 0088562-033US0		I-033US0		
I hereby revoke all p	previous powers of attorney given in	the above-ident	ified application	n.		
A Power of Attor	ney is submitted herewith.	Г			_	
hereby appoint Practitioner(s) associated with the following Gustomer Number as mytion attempting or agents (s) prospects the appointage and the following Gustomer amount of the amount of the state of the stat						
OR I hereby appoint to transact all bu	Practitioner(s) named below as my/our atto siness in the United States Patent and Trad	orney(s) or agent(s) to demark Offica connec	o prosecute the a cted therewith:	optication identified above, a	and	
Practitioner(s) Name		Registration Number				
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OR The address ass	ociated with Customer Number: .					
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I am the: X Applicant/Invention OR Assignee of reconstruction Statement under	or. ord of the entire interest. See 37 CFR 3.71. r 37 CFR 3.73(b) (Form PTO/Sb/96) sybmi	ited harewith or filed	on			
	SIGNATURE of App	licant or Assignee	of Record			
Signature	full My		Date	09/01/31		
Name	Anders Nykjaer		Telephone	<u></u>		
Title and Company						
NOTE Signatures of all the signature is required, see b	e inventors or assigneds of record of the entire i below*.	nterest or their represen	tative(s) are require	d. Submit multiple forms if more	than one	
V STotal of 2	forme are submitted					

Application Number

First Named Inventor

Filing Date

This collection of information is required by 37 CFR 131, 132 and 133. The Information is required to obtain or retain a benefit by the public which is to fits (and by the URPTO to process) an applicable. Confederably is governed by 30 LSC 212 and 37 CFR 1.1 and 1.14. This obtains no insertained to fit at 3 months to committee to committee the second of the second

PYO/S8/81 (01-09)

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Title

First Named Inventor

POWER OF ATTORNEY

OR

REVOCATION OF POWER OF ATTORNEY

signature is required, see helow*

forms are submitted.

10/539.443

June 20, 2005

Anders Nykiaer

MODULATION OF ACTIVITY OF

WITH A NEW POWER OF ATTORNEY Art Uni AND Examiner Name Stacy Nee MacFarlane CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 0088562-033US0 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint Practitioner(s) associated with the following Customer 36257 Number as my/our attorney(s) or agent(s) to prosecute the application Identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR i hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The addrass associated with Customer Number: OR Firm or Individual Name Address City Zio Country Telephone Fmail I am the: X Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3,73(b) (Form PTO/SB/96) submitted herewith or filed on SJG/PATURE of Applicant or Assignee of Record SIGNATURE of Claus Munck Petersen Date Signature Telephone

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentialry is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1 14. This collection is estimated to take 3 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to conclude this form and/or suggestions for reducing this burion, should be sent to the Chief Information Officer, U.S. Department of Converse or 1,000 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Simultinos of all the inventors or assignees of second of the entire interest or their representative(s) are required. Submit multiple forms if more than one